“Dog ears”—an inappropriate terminology used to describe wound edges

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Sir,

Dog ear or pig ear is an expression used by surgeons to describe a portion of excess tissue and skin that protrudes at both ends following the closure of unequal margins of the wound under uneven tension.

One might get the impression that this term is not only lacking in scientific accuracy but also carries a derogatory implication of resembling a part of an animal body used for a human being. Dog ears are usually the result of poor planning and execution of surgical incisions, a price one has to pay at the time of wound closure. However, sometimes dog ears are inevitable as these could be related to the biological nature of the skin or shape of the lesion to be excised. This can happen to all the wounds regardless of their aetiology, their size or position on the body. Dog ears are commonly seen with dermolipectomies [1].

It is not clear when and how this term was introduced into the medical literature, but the first ever mention of this complication of wound closure was by Limberg in 1966 [2]. He used the words “standing cone or lying cone” to describe the dog ear. According to our careful literature search, Borges was the first one to describe the term dog ear or pig ear for wound closure in his article in 1982. Since then, other names such as pucker [3] or tricone [4] have

been used to describe similar pathology as a substitute but have not become popular.

In some cultures, referring a body part to a dog or a pig cannot only be insulting but is religiously unacceptable. We believe that the impact of such a term is more far reaching than we think as dog ears do occur and sometimes are left on patients to settle by themselves. One has to be very careful to select the terminology in explaining this occurrence to a patient. It would be far better to use the term “spike” or “topped peak” at the wound ends to describe it. These terms are simple, patient friendly and self-explanatory yet not degrading.

Hence, we propose that the term dog ear should be abandoned in medical literature and should be replaced with words like “spike” or “topped peak” as in today's litigious climate, being able to communicate more tactfully as a surgeon is almost as important as being able to perform an operation.

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